

ОТЧЁТ ИЗ ШКОЛЫ STATEMENT FROM SCHOOL

CSO/WORKER NAME / ОТДЕЛ СОЦИАЛЬНОГО ОБЕСПЕЧЕНИЯ (CSO) ИМЯ СОТРУДНИКА	TELEPHONE NUMBER / ТЕЛЕФОН
CLIENT IDENTIFICATION NUMBER / ИДЕНТИФИКАЦИОННЫЙ НОМЕР КЛИЕНТА	DATE / ДАТА

SECTION 1: FILL OUT THIS SECTION BEFORE TAKING IT TO THE SCHOOL.

РАЗДЕЛ 1: ЗАПОЛНИТЕ ЭТУ ФОРМУ ПЕРЕД ТЕМ, КАК ОТДАТЬ ЕЁ В ШКОЛУ

By signing here, I give my permission to the school to complete this form for the Department of Social and Health Services (DSHS).

Подписываясь здесь, я даю разрешение школе заполнить эту форму для Департамента социального обеспечения и здравоохранения (Department of Social and Health Services, DSHS)

YOUR NAME / ВАШЕ ИМЯ	YOUR SIGNATURE / ВАША ПОДПИСЬ	DATE / ДАТА
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NAME OF SCHOOL / НАЗВАНИЕ ШКОЛЫ

SCHOOL ADDRESS / АДРЕС ШКОЛЫ STREET ADDRESS / УЛИЦА, ДОМ CITY/ ГОРОД STATE / ШТАТ ZIP CODE / ПОЧТОВЫЙ ИНДЕКС

SECTION 2: THE PERSON IN THE SCHOOL'S OFFICE WHO IS IN CHARGE OF ATTENDANCE FILLS OUT THIS SECTION.

РАЗДЕЛ 2: ДАННЫЙ РАЗДЕЛ ЗАПОЛНЯЕТ СОТРУДНИК ШКОЛЫ, ОТВЕЧАЮЩИЙ ЗА ПОСЕЩАЕМОСТЬ.

A. COMPLETE THE FOLLOWING FOR EACH CHILD FROM THIS FAMILY ATTENDING YOUR SCHOOL.

CHILD'S NAME	BIRTHDATE	IS THE CHILD ATTENDING SCHOOL:	IS THE CHILD IN SPECIAL EDUCATION CLASSES?	IS THE CHILD MAKING SATISFACTORY PROGRESS IN SCHOOL?	IF THE CHILD IS 16 OR OLDER, WHEN IS S/HE EXPECTED TO GRADUATE?
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

B. WHAT IS THE HOME ADDRESS THAT YOU HAVE ON FILE FOR THE CHILDREN?

C. COMPLETE THE FOLLOWING FOR THE PEOPLE YOU ARE SUPPOSED TO CONTACT IN CASE OF EMERGENCY.

NAME	RELATIONSHIP TO CHILD	ADDRESS (INCLUDE CITY AND ZIP CODE)	TELEPHONE NUMBER

D. PLEASE PROVIDE THE FOLLOWING INFORMATION IN CASE WE NEED TO CONTACT YOU.

SIGNATURE	YOUR NAME (PLEASE PRINT CLEARLY)	TODAY'S DATE
TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER